

CONGRESSIONAL

HEARING RESUME

106th Congress **Second Session**

Bernard Sanders (VT)

Date: 15 Mar 2000

SUBJECT: Hearing on Agent Orange

COMMITTEE: House Committee on Government Reform

Subcommittee on National Security, Veterans' Affairs and International Relations

CHAIRMAN: The Honorable Christopher Shays

MEMBERS PRESENT (bold face):

REPUBLICANS **DEMOCRAT** INDEPENDENT

Mark Souder (IN)) Rob Blagojevich (IL) Ranking Ileana Ros-Lehtinen (FL) Tom Lantos (CA) John McHugh (NY) Bob Wise (WV) John Mica (FL) John Tierney (MA) David McIntosh (IN) Tom Allen (ME)

Mark Sanford (SC) Edolphus Towns (NY) Lee Terry (NE) Janice Schakowsky (IL)

Judy Biggert (IL)

Helen Chenoweth-Hage (ID)

OTHER MEMBERS PRESENT: Lane Evans (D-17-IL)

WITNESSES: PANEL 1

Mr. Kwai Chan - Director Special Studies and Evaluations, GAO

Accompanied by:

Mr. John Oppenheim - Assistant Director National Security International Affairs Division

Dr. Weisueh Chiu - Project Manager Agent Orange Study

PANEL 2

Dr. Joel Michalck - Senior Principal Investigator Ranch Hand Study, DoD

Robert J. Epley - Director Compensation and Pension Service, VA

Accompanied by:

Dr. Susan Mather - Chief Public Health and Environmental Hazards Officer, VA Mr Ronald Coene - Executive Secretary Ranch Hand Advisory Committee, FDA

Dr. David Butler - Study Director Veterans and Agent Orange Reports, Institute of

Medicine

Panel 3

Dr. Richard Albanese - Senior Medical Research Officer, USAF; Former Ranch Hand Principal Investigator

Dr. Linda Schwartz - Associate Research Scientist Yale University School of Nursing; Consultant, Veterans Health Care

Dr. Ronald Trewyn - Dean of Graduate School and Vice Provost of Research, Kansas State University; Former Member Ranch Hand Advisory Committee

Information contained in this resume was obtained during an open hearing. It will not be released outside of the Department of Defense (DoD) agencies until published hearing transcripts have been released by the Committee, and only to the extent it is in accord with published hearing procedures.

Prepared by: Lt Col Denise Underwood Date: 15 Mar 2000

Phone number: 697-7950

EXECUTIVE SUMMARY

The Subcommittee convened the hearing to receive testimony concerning the Air Force Ranch Hand study. The study examines whether-individuals who served in the Air Force during the Vietnam War as Ranch Hand personnel (air and ground crews who handled and sprayed Agent Orange and other defoliants) suffered long-term health effects as a result of their military duties. The subcommittee focused on a December 1999 General Accounting Office Report that found that: (1) the limitations of the Ranch Hand Study had not been adequately communicated to the public (2) publication of study results and release of study data was slow and (3) the study has a limited impact on determination of diseases that are eligible for Department of Veterans' Affairs Compensation.

Questions and comments from subcommittee members focused primarily on: the time and money spent on the Ranch Hand study in relation to "results", why other groups who served in Vietnam were not studied, the limitations of the study, communication with veterans as to possible health impacts and benefits, public availability of study data and reports, the value of conducting studies or using data from SE Asia, particularly Vietnam, the activities of the Ranch Hand Advisory Committee and inadequate representation of veterans on the Advisory Committee. In particular, Mr Shay vowed that he was committed to continue the search for illnesses associated with herbicide exposure. He strongest comment about the Ranch Hand study was that it was unbelievable that it had taken 8 years for information on birth defects and reproductive health to reach the public and veterans. He was also concerned about the Advisory Committee's lack of activity and failure to include veterans. Mr Sanders was particularly interested in veteran outreach and education efforts. Both Mr Shay and Mr Sanders were interested in how Vietnam might be used to obtain a greater understanding of the health effects of herbicide exposure. Although there were some tense moments during the hearing, the vast majority of these involved the non-DoD witnesses on Panel 1 and Panel 2.

The Subcommittee was called to order at 1005

MEMBER STATEMENTS

The Chairman opened the hearing by making reference to SECDEF's recent trip to Vietnam. He then stated that the search for illnesses associated with herbicide exposure demands commitment and pledged to continue the subcommittee's examination of the issue. He made reference the 1999 GAO report findings and if Ranch Hand is able to resist institutional biases and sustain the rigors and pace of long term research.

Mr Sanders opened by indicating that he would do what it takes to get justice for American veterans. He then went on to indicated that some believe that DoD and the VA have been less than candid in light of the fact that there has been acknowledgement that some illnesses/health problems are associated with agent orange. He also indicated that some believe that DoD and the VA have been less than effective in their outreach efforts to veterans. Mr Sanders also made reference to Vietnam and the fact that it claims 1 million of its people have exposure health effects because of Agent Orange. He said that Ranch Hand was supposed to address veteran exposure concerns. The study has cost \$100M (projected to reach \$140M by the end of the study) and does not answer the questions of ground troops and others who served in Vietnam. He said it was beyond comprehension that the most likely persons to be exposed have not been tracked down and studied. Referenced the settlement that the chemical companies paid in the lawsuit.

Mr Evans made a short statement on his role in getting veterans compensation for herbicide exposure and indicated that Ranch Hand was supposed to lay the groundwork for veteran compensation.

CM Shay then read from a written statement by James G. Zumwalt.

SYNOPSIS OF TESTIMONY

PANEL 1

Mr Chan, the GAO witness, provided an overview of the GAO Agent Orange study to include findings and recommendations. With regard to the slow release of data and reports, Mr. Chan cited to key findings as to impacts on reproductive health and birth defects and the fact that the information was not released for 8 years. However, he later indicated in response to questions that delayed release results in a more solid study. He also referred to the tension between the scientific community's desire for certainty beyond a reasonable doubt and the desires of Congress who need information for purposes of policy. With regard to report availability, he indicated that public access to study data is limited but acknowledged that the Air Force now had a timetable for release. He also indicated that study findings cannot be generalized to other groups of Vietnam veterans such as ground troops (originally other studies were to be done to address other groups). In response to questions, Mr. Chan expanded on the limitations of the study to include sample size and representativeness. He also stated that Vietnam exposure information could represent a large amount of data that could be tapped. He attempted to put the cost of the study in perspective by pointing out that it represented about \$5M per year over the term of the study. He and his associates also explained why the Ranch handers were chosen for study and some of the complications associated with studying other groups (Army can't identify units in areas sprayed, etc.) Mr Chan also opined that Ranch Hand indicates that a link will be found between herbicide exposure and diabetes.

PANEL 2

Dr. Michalck, the Air Force witness testified that the Air Force invited review and critique and that the GAO investigators had unlimited access to all documents and full AF cooperation during the course of their audit. He also indicated that the Air Force concurred with the GAO conclusions and has given implementation of the GAO recommendations high priority and that the Air Force would leave no stone unturned in its investigation. He then went on to outline some of the measures that have been instituted to address the GAO's findings. In response to questions posed later in the hearing, Dr Michalck indicated that many of the issues being raised were discussed when the protocol was being developed in the late 70s. He also indicated that the study was a gigantic epidemiological task and that it was not a mistake to start the study. When asked what effect Vietnam's 1 million Agent Orange exposure cases might have, Dr. Michalck indicated that he had offered to go himself and opined that Vietnam could be a meaningful venue to look at people exposed, it should motivate more research, and US participation will require a government mandate and money/resources. In a closing statement, Dr Michalck indicated that the Advisory Committee needed more funding to make it more active and proactive. Mr Epley, from the Department of Veterans' Affairs, confirmed the GAO finding that the Ranch Hand study had only a limited impact on determinations of diseases that qualify for VA compensation benefits. Mr Epley indicated that the slow release of Ranch Hand data and reports and VA availability of research data from other sources contributed to the limited role Ranch Hand played in VA decisions as to benefit eligibility. Mr Sanders questioned Mr Epley and his associate in depth as to how the VA communicates information to veterans and the number of veterans identified with eligible Agent Orange medical effects.

Mr Coene testified as to the role of the Advisory Committee in the Ranch Hand study, current use of the Federal Register and veteran organizations to inform veterans of its activities, efforts to improve communications with both general public and veterans and efforts to increase veteran membership on the Committee. Mr Coene indicated that the Committee is going to add veteran members next month. He was questioned by Mr Shay as to the frequency of Advisory Committee meetings and its activities. Mr Shay expressed disappointment with the veteran representation on the Committee, its activity level and that it was not proactive.

Mr Butler provided general information on the Institute of Medicine's (IOM) Agent Orange investigations/studies, the independence of the committees, and how the committees summarize their evaluations.

PANEL 3

Dr Albanese testified that the Air Force had departed from the study protocol in two ways. First, peer reviews did not have adequate veteran participation and second, command influence had affected report content, which amounted to scientific misconduct. Later, Dr Albanese expanded on the scientific misconduct statement by stating that a memo had gone out under the Surgeon General's name directing that 5 controls rather than 8 mandated by the protocols be used. When a report was issued, the Surgeon General intervened directly and the report was altered. Issues addressed in 1980s hearings have not been adequately addressed. He recommended that the process used by the Air Force to clear research papers be improved, that veteran participation be increased, that Ranch Hand data analysis be extended and replicated by independent, qualified individuals and that access to data be enhanced. If these things are not done, he recommends study transition to another agency. **Dr Schwartz** testified as to the difficulty of getting Ranch Hand data and reports, to include the fact that the data on tapes and cartridges provided in response to her requests could not be accessed (Dr Michalck later offered her the info in a useable form). She testified as to the delays in the public access to study reports. She indicated that a great deal has been paid for Ranch Hand and we have done very little with data. She also testified as to certain deficiencies she sees with regard to the Ranch Hand study and that the Ranch Hand study findings should not be viewed as being indicative for all Vietnam veterans.

Dr Trewyn testified that there are scientific and administrative problems with regard to health effect studies of Vietnam veterans, to include the Ranch Hand study. With regard to Ranch Hand, he indicated that the Advisory Committee lacks proper authority, appropriate reporting lines and sufficient resources. He also indicated that changes are needed in the way veterans' health studies are conducted. They should be done using a peer review process by non-federal entities. However, he did not think that the Air Force should be removed from Ranch Hand. He also stated that there were other studies that could be energized and revamped that would give us data. He opined that how the nation treats the concerns of veterans is becoming a national security issue. The nation cannot attract and retain top quality people in the military if it treats its veterans badly. In response to questions, Dr. Trewyn indicated that Ranch Hand results may not mean anything to other groups of veterans. The study is not a cure all and this is not necessarily the fault of the Air Force.

The hearing adjourned at 1345

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